

Red Lion Road Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Red Lion Road Surgery on 11 May 2016. The practice was rated as requires improvement overall. A breach of legal requirements was found relating to the Safe, Caring, Responsive and Well-led domains. After the comprehensive inspection, the practice submitted an action plan, outlining what they would do to meet the legal requirements in relation to the breach of regulations 12 (Safe care and treatment), 17 (Good governance) and 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the comprehensive inspection we found that the practice had failed to ensure that all significant events were fully recorded and that lessons were learned from incidents, they had failed to monitor patients in line with prescribing guidelines, they had failed to put processes in place to ensure that results were received for all clinical samples sent for analysis, they had failed to ensure that they had sufficient medicines available to be able to effectively respond to a medical emergency, they had failed to analyse and address concerns raised via the NHS GP Patient Survey, and they had failed to operate effectively an accessible system of identifying, receiving

and recording complaints. We also identified areas where improvements should be made, which included reviewing how they identified patients with caring responsibilities, ensuring staff had clear guidance on the allocation of emergency appointments, ensuring that a locum pack was available, reviewing access to toilet facilities to patients, and ensuring that all staff were aware of how to use the electronic record system effectively.

We undertook this announced focussed inspection on 28 March 2017 to check that the practice had followed their plan and to confirm that they now met the legal requirements. This report covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Red Lion Road Surgery on our website at www.cqc.org.uk.

Following the focussed inspection, we found the practice to be good for providing safe, caring, responsive and well-led services.

Our key findings were as follows:

Summary of findings

- The practice had an effective system in place for reporting and recording significant events. Learning from significant events was shared with staff in order to make improvements to safety.
 - Since the initial inspection, the practice had conducted a comprehensive search of their patient records system to identify patients with caring responsibilities. They had identified 124 patients, which represented 4% of the practice list, and we saw that these patients were flagged on the system so that staff could easily recognise them.
 - The practice had an effective system for recording verbal complaints. We saw evidence that all staff were engaged in this process and that complaints were discussed in practice meetings in order that learning could be shared.
 - The practice had sufficient stocks of all medicines necessary to respond to a medical emergency on the premises.
 - The practice had introduced a new process for tracking uncollected prescriptions, which was administered by a nominated member of reception staff, who checked for uncollected prescriptions weekly and took appropriate action on each prescription, as directed by a GP. A record was kept which showed the action taken in respect of each uncollected prescription.
 - The practice had processes in place to ensure that all relevant staff received medicines updates and safety alerts.
 - The practice had systems in place to ensure that patients were only prescribed medicines once the appropriate monitoring had been completed, in line with current guidance on the prescribing of medicines.
 - The practice had auditable systems in place to ensure that results were received for all clinical samples sent for analysis.
 - The practice had introduced written guidance for reception staff on the criteria for offering patients emergency appointments; however, there was a lack of consistent understanding amongst staff about the way that this guidance should be applied, and the practice had not actively sought feedback from staff about the effectiveness of this guidance.
 - A locum pack was available to ensure that temporary GPs had easy access to information they needed.
 - The practice had considered the access to toilet facilities for patients but had decided that the arrangements in place were appropriate.
 - We observed that all staff were competent at using the electronic patient record system and that an ongoing programme of training was undertaken by the practice manager in order to keep up with changes to the system.
 - The practice had carried-out its own patient survey using the same questions as the National GP Patient Survey in order to gather patients' views on their service following changes they had made in response to the national survey. This survey showed a significantly higher rate of patient satisfaction compared to the national survey.
- The areas where the practice should make improvements are:
- Continue to analyse the results of the national NHS GP Patient Survey when they are published, and consider ways to address areas of low satisfaction.
 - Ensure that all staff are clear about the process for allocating emergency appointments, and consider seeking feedback from staff about the effectiveness of the new guidance.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- We reviewed four significant events which had been documented since the initial inspection in May 2016; we found there was an effective system for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Safety-netting processes were in place to ensure that results were received for all clinical samples sent for analysis.
- The practice had systems in place to ensure that patients were only prescribed medicines once the appropriate monitoring had been completed, in line with current guidance on the prescribing of medicines.
- The practice had adequate stocks of the recommended medicines to respond to a medical emergency on the premises.

Are services caring?

The practice is rated as good for providing caring services.

Good



- The practice had carried-out its own patient survey using the same questions as the National GP Patient Survey in order to gather patients' views on their service following changes they had made in response to the national survey. This survey showed a significantly higher rate of patient satisfaction compared to the national survey.
- Results from the practice's survey showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment; however, the practice scored below average in these areas in the national survey.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Information about how to complain was available and evidence from four complaint examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice kept a log of verbal complaints, and used this to identify trends.

Summary of findings

Are services well-led?

The practice is rated as good for being well-led.

The practice had a large patient participation group (PPG) and we saw evidence that the PPG was consulted on issues affecting the practice.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns relating to the issues identified in the safe, caring, responsive and well-led domains identified at our inspection on 11 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns relating to the issues identified in the safe, caring, responsive and well-led domains identified at our inspection on 11 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns relating to the issues identified in the safe, caring, responsive and well-led domains identified at our inspection on 11 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns relating to the issues identified in the safe, caring, responsive and well-led domains identified at our inspection on 11 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns relating to the issues identified in the safe, caring, responsive and well-led domains identified at our inspection on 11 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns relating to the issues identified in the safe, caring, responsive and well-led domains identified at our inspection on 11 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Red Lion Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a Lead Inspector and a GP Specialist Advisor.

Background to Red Lion Road Surgery

Red Lion Road Surgery and its branch, Alexandra Drive Surgery, provide primary medical services in Tolworth and Surbiton to approximately 3000 patients and is one of 27 practices in Kingston Clinical Commissioning Group (CCG).

The practice population is in the second least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 13%, which is comparable to the CCG average of 12%, and for older people the practice value is 13%, which is the same as the CCG average. The practice has a larger proportion of patients aged 25 to 45 years than the CCG average, and a smaller proportion of patients aged 45 to 84 years. Of patients registered with the practice, the largest group by ethnicity are white (73%), followed by asian (19%), mixed (3%), black (3%) and other non-white ethnic groups (2%).

The Red Lion Road Surgery operates from a two-storey converted residential premises. Car parking is available in the surrounding streets. The reception desk, main waiting area, patient toilet and consultation rooms are situated on the ground floor. The first floor has a “patient privacy room”, computer server room, administrative room and staff kitchen. The practice has access to two doctors’ consultation rooms and one nurse consultation room.

The branch surgery, Alexandra Drive, is located approximately a mile away from the main surgery. It is housed in a purpose-built single storey premises which includes a reception area, patient waiting area, one doctor’s consultation room and one nurse’s consultation room.

The practice team is made up of one full time female GP and full time male GP who are partners, one part time male long-term locum GP and one part time female long-term locum GP; in total 13 GP sessions are available per week. In addition, the practice also has a part time female nurse. The practice team also consists of a practice manager and five reception/administrative staff.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The Red Lion Road Surgery is open between 8:30am and 12:30pm and between 3:00pm and 6.30pm Monday to Friday and consultations are held between 8:30am and 11:30am on Monday and Thursday mornings, between 9:00am and 11:30am on Tuesday mornings and between 8:30am and 10:30am on Friday mornings; and then from 4:30pm to 6:30pm every weekday afternoon apart from Thursday when the practice is closed.

The Alexandra Drive Surgery is open between 8:30am and 11:00am and between 4:30pm and 6.30pm on Mondays, Wednesdays and Fridays, on Tuesdays the surgery closes at 6:00pm and on Thursday afternoons the surgery is closed. Consultations are held between 9:00am and 10:30am on Mondays and between 9:00am and 11:00am on every other week day; and then from 4:30pm to 6:30pm every weekday afternoon apart from Tuesdays when the afternoon surgery is from 4:00pm to 5:00pm and Thursdays when the practice is closed.

Detailed findings

Extended hours appointments are provided at the Red Lion Road Surgery from 6:30pm to 7:30pm on Tuesdays and from 6:30pm to 7:00pm on Fridays.

When the practice is closed during the middle of the day, a recorded message provides patients with a telephone number to call in an emergency, which is answered by one of the GPs. When the practice is closed, patients are directed to contact the local out of hours service.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures; and family planning.

Why we carried out this inspection

We undertook a focussed follow-up inspection of Red Lion Road Surgery on 28 March 2017. This is because the service had been identified as not meeting three of the legal requirements associated with the Health and Social Care Act 2008 at a previous comprehensive inspection on 11 May 2016. From April 2015 the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically, breaches of regulations 12 (Safe care and treatment), 17 (Good governance) and 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the comprehensive inspection carried out on 11 May 2016 we found that the practice had failed to ensure that all significant events were fully recorded and that lessons were learned from incidents, they had failed to monitor patients in line with prescribing guidelines, they had failed to put processes in place to ensure that results were received for all clinical samples sent for analysis, they had failed to ensure that they had sufficient medicines available to be able to effectively respond to a medical emergency, they had failed to analyse and address concerns raised via the NHS GP Patient Survey, and they had failed to operate effectively an accessible system of identifying, receiving and recording complaints. We also

identified areas where improvements should be made, which included reviewing how they identified patients with caring responsibilities, ensuring staff had clear guidance on the allocation of emergency appointments, ensuring that a locum pack was available, reviewing access to toilet facilities for patients, and ensuring that all staff were aware of how to use the electronic record system effectively.

This inspection was carried-out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 11 May 2016 had been made, and to provide a rating of the service. We inspected the practice against four of the five questions we ask about services: is the service safe, caring, responsive and well-led.

How we carried out this inspection

We carried out a focussed inspection of Red Lion Road Surgery on 28 March 2017. This involved reviewing evidence that:

- The practice's revised significant event protocol had been shared with all staff, and that the practice was recording and acting on all significant events.
- The practice had reviewed its arrangements for identifying patients with caring responsibilities.
- The practice was recording all complaints received, including those made verbally.
- The practice had sufficient stocks of all medicines necessary to respond to a medical emergency on the premises.
- The practice had auditable systems in place to ensure that results were received for all clinical samples sent for analysis.
- Reception staff were clear about the criteria for offering patients emergency appointments.
- A locum pack was available.
- Toilet facilities were accessible to patients.
- Staff were competent at using the electronic patient record system.
- The practice had analysed the results of the National GP Patient Survey and had been acting on areas of low achievement.

Are services safe?

Our findings

At the previous comprehensive inspection on 11 May 2016 we rated the practice as requires improvement for providing safe services as they had failed to ensure that all significant events had been recorded and discussed with relevant staff and they did not have adequate processes in place to ensure that results were received for all clinical samples sent for analysis.

These arrangements had significantly improved when we undertook a focussed follow-up inspection on 28 March 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

During the initial inspection in May 2016 we found that the practice's process for recording significant events was not effective, as not all incidents had been recorded. We also found that when significant events were recorded, there was no standard recording form used, and completed forms were not saved centrally but were instead saved by the member of staff who completed the form on their own computer.

During the follow-up inspection the practice showed us that they had introduced a new process for recording significant events using a standard template which was stored on their digital records management system. This system was accessible to all members of staff, and we viewed examples of significant events which had been recorded by both clinical and non-clinical staff. We also viewed minutes of meetings where significant events had been discussed, and all members of staff we spoke to were able to provide examples of significant events that had been discussed with them and the learning that had resulted.

For example, the practice had identified two significant events which had occurred as a result of clinical staff having more than one patient's records open on their computer screen at one time (which had only become

possible with the recently updated version of the electronic patient records system). As a result, they had introduced a new policy whereby members of staff were not permitted to open a new patient record before the previous record had been closed.

Overview of safety systems and processes

During the initial inspection we found that the practice's arrangements for ensuring the safe prescribing of medicines were insufficient; for example, we saw evidence that patients who were prescribed Methotrexate were not being monitored in order to ensure that it was safe for them to continue to take this medicine. We also saw evidence that the practice was prescribing Warfarin without first reviewing patients' blood test results. We also found that there were no systems in place to ensure that results were received for clinical samples sent for analysis.

When we returned for the re-inspection, we found the practice had introduced and embedded processes to address this.

- The practice had systems in place to ensure that patients were only prescribed medicines once the appropriate monitoring had been completed, in line with current guidance on the prescribing of medicines.
- The practice had systems in place to ensure that results of all clinical samples sent for analysis were received; this included samples taken for the cervical screening programme and moles which were removed at the surgery and sent for histology.

Arrangements to deal with emergencies and major incidents

During the initial inspection we checked the practice's supply of emergency medicines found that the practice did not have medicines available to treat suspected bacterial meningitis, severe asthma and to relieve pain.

During the re-inspection we found that the practice had adequate stocks of all recommended medicines in order to treat common medical emergencies.

Are services caring?

Our findings

At the previous comprehensive inspection on 11 May 2016 we rated the practice as requires improvement for providing caring services as they had failed to analyse and address concerns raised via the NHS GP Patient Survey.

These arrangements had improved when we undertook a focussed follow-up inspection on 28 March 2017. The practice is now rated as good for providing caring services.

At the time of the initial inspection the most recent results from the NHS GP Patient Survey were those published in January 2016 where 349 survey forms were distributed and 110 were returned, which represented approximately 3% of the practice's patient list. The results of this survey showed that patients rated the practice below average for their experience of consultations with doctors and nurses. For example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 67% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% national average of 85%.
- 76% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 91%.

At the time of the initial inspection the practice told us that they did not feel that these results accurately reflected the experience of their patients, as they largely received positive feedback about the service they provided.

Updated NHS GP Patient Survey results were published in July 2016 where 319 surveys were sent to the practice's patients, and 115 were returned. The results of this survey did not show an improvement in patient satisfaction with the practice. For example:

- 76% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 65% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% national average of 85%.
- 73% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 91%.

Following the survey published in July 2016, the practice discussed the results with their staff and Patient Participation Group in order to identify actions to address areas of lower than average achievement. For example, in light of a lower than average proportion of patients being satisfied with the level of care and concern shown by GPs, the practice asked staff to reflect on their consultation style. The practice then ran their own patient survey using the same questions as the national NHS GP Patient Survey. They distributed 200 surveys (150 handed to patients as they attended the surgery and 50 posted to patients with a pre-paid return envelope) and 134 were returned. The results were considerably more positive. For example:

- 96% of patients said the GP was good at listening to them.
- 95% of patients said the GP gave them enough time.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern.

Whilst the survey distributed by the practice showed a high level of satisfaction from patients, the practice had failed to acknowledge and address the fact that a similar proportion of patients had expressed their dissatisfaction via the national survey.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At the previous comprehensive inspection on 11 May 2016 we rated the practice as requires improvement for providing responsive services. We found that although they had a complaints policy and procedures which were in line with recognised guidance and contractual obligations for GPs in England, there was very little information available to help patients understand the complaints system, and at the time the practice had not received any complaints in the past year.

These arrangements had significantly improved when we undertook a focussed follow-up inspection on 28 March 2017. The practice is now rated as good for providing responsive services.

Listening and learning from concerns and complaints

During the follow-up inspection we found that the practice had information available on their website and displayed in the waiting area to assist patients in making a complaint.

- The practice had received four formal complaints in the past year. We viewed all of these and found that they were well handled and responded to in line with the practice's complaints policy.
- The practice had begun recording verbal complaints using a spreadsheet which was available to all staff. This allowed the practice to analyse trends in concerns raised by patients and address these. For example, the practice had noted that patients had raised that it could be difficult to contact them by telephone; as a result, the practice was in the process of installing additional telephone lines to address this problem.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At the previous comprehensive inspection on 11 May 2016 we rated the practice as requires improvement for providing well led services. We found that although the practice had a Patient Participation Group (PPG), there was little two-way dialogue during meetings and limited opportunity for PPG members to contribute.

These arrangements had significantly improved when we undertook a focused follow up inspection on 28 March 2017. The practice is now rated as good for providing well led services.

Seeking and acting on feedback from patients, the public and staff

During the follow-up inspection on 28 March 2017 the practice showed us evidence that their PPG was now run by the members, rather than being led by the practice. The PPG had a chair person who ran meetings, and PPG members set the agenda for meetings, with the practice adding agenda items as necessary. We viewed minutes of PPG meetings which showed that the practice consulted members on proposed changes at the practice; for example, the practice had consulted the PPG on the future of their Alexandra Road site.